

<b>GOVERNMENT FURNISHED VEHICLE</b>		REQUEST NUMBER:	DATE:		
NAME OF REQUESTER:		DATE AND TIME REQUIRED:			
REQUESTER'S ORGANIZATION:	REQUESTER'S PHONE NUMBER:		DATE AND TIME RETURNED:		
DESTINATION:	TDY <input type="checkbox"/> LOCAL <input type="checkbox"/>	NUMBER OF PASSENGERS:			
SEDAN <input type="checkbox"/> _____ BUS <input type="checkbox"/> _____ TRUCK <input type="checkbox"/> _____ VAN <input type="checkbox"/> _____ OTHER <input type="checkbox"/> _____ WITH DRIVER <input type="checkbox"/> WITHOUT DRIVER <input type="checkbox"/>					
INSTRUCTIONS:		Commercial Fuel			
		Government Fuel			
		Total Fuel			
		Information below this line to be filled out by: MOTOR POOL			
		MILEAGE			
		START:	END:	Total Miles	
				Miles Per Gallon	
SIGNATURE OF DRIVER:		SIGNATURE OF DISPATCHER:			